FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burder

SECTION 1 - General Information	5			-	Icase Icac	יפון מכנוסוופ ספו	ore complete	ig and for Not	f. tease tear transcrious perote complemity and for tworce tegationity public potential.	public pulder	E					
1. Name and Mailing Address of Respondent Filer Mutual Telephone Company PO Box 89 Filer, ID 83328	of Respon	dent e CoI	npany											Check he is a chan address.	Check here if this is a change of address.	
Year Report Filed			3. Reporting Period Cov	Reporting Period (Ending Date of Pay Period Covered by Report)	ng Date of Parort)	У		4. Number o	4. Number of Full-Time Employees during Selected Reporting Period (check one): a Fewer than 16 (commists Sections IV and V only) a	nployees duri (one):	ng Selected	V only)				
2017			Janua	January 31, 2017)17			a. Fey b. 716	Fewer than 16 (complete Sections 16 or more (complete all sections)	complete Sectiplete all secti	tions I, IV, and ons)	V only)				
SECTION II - Full-Time Employees.	yees.															
								Num (Report emplo	Number of Employees (Report employees in only one category)	yees one category)						
Job									Race/Ethnicity							
Categories		Hispanic or	nic or						Not-Hispanic or Latino	ic or Latino						Total
		רמנווס	ā			Male	ile					Female	nale			Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
						Islander		duve				Islander		Native		
		>	8	c	0	т	T	G	I	-	J	7	٢	3	z	0
Executive/Senior Level Officials and Managers	1.1			2												2
First/Mid-Level Officials and Managers	1.2			4						1						S
Professionals	2			5												5
Technicians	ω			5												5
Sales Workers	4		_	1						1						3
Administrative Support Workers	ڻ ن			1						2						w
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	00			2												2
Service Workers	9															0
TOTAL	10	0	-	20	0	0	0	0	0	4	0	0	0	0	0	25
PREVIOUS YEAR TOTAL	1		_	17						7						25

SECTION V - Certification Lecrify that to the best of my knowledge, information, and belief, all statements in this report are true and correct. Date Typed or Printed Name of Person Signing Signature	SECTION V - Certification Learlify that to the best of my knowledge, information, and belief, all sta	SECTION V - Certification		(moon or monotoning pointed involved, date lifet, could be	(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation and current status or disposition	This is to advise the Commission that the following complete	company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	This is to advise the Commission that no complaints regar	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS TEAK TOTAL 11		TOTAL 10 0 0 0	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6		Administrative Support 5	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1	A B	Male Female White		Categories Hispanic or Latino	Job		SECTION III - Part-Time Employees.
2 (g	tements in this		agencies bei	or agencies bef	ints alleging vi	such matters	ding violations	CFR 22.321, 2			0												0	te Black or African American					
		report are true		ore which the m	ore which the m	olations of the r	during the calen	of the equal em	3.55, 90.168, 1			0												т	or Native n Hawaiian or an Other Pacific Islander					
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	Signature	and correct.		latter has bee	natter has bee	rovisions of a	dar year cove	ployment prov	01.4, and 101			0												П	Asian	Male				
		y equal employ heard, file nun	nv equal empl	red by this rep	isions of Fede	.311.			0												G	American Indian or Alaska Native				(Report emp	N			
	\			imber or other	oyment opport	ore.	ort.	ral state terri			-	0												I	Two or more races		Not-Hispar	Race/Ethnicity	(Report employees in only one category)	nher of Emple
2				designation,	designation	unity statute h	torial, or local	torial or local			c													-	White		Not-Hispanic or Latino	y	one category	Nege
				and current s	have been file	nave heen file	statutes nave	statutes have			c	>												٦	Black or African American					
-				tatus or dispos	d against this		statutes have been filed against this	hoon filed as			o	>												*	Native Hawaiian or Other Pacific Islander	Fen				
Telephone No. (208) 326-4331 R IMPRISONMENT (18 U.S.C. 100- REITURE (47 U.S.C. 503).	Telephone No		o in Oil	sition.	company.		gainst this	in chi			0													۲	Asian	Female				
).)6 /221											0	>												3	American Indian or Alaska Native					
									0	,												z	Two or more races							
VOCATION										1	0	,	0	0	0	0	_	0	0	0	0	0	0	0	i i	Columns A - N	Total			